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appropriate in further conndicated unless corrected by maintenance fee notification	below or directed otherwise	emitting the ISSU Patent, advance or in Block 1, by (a	ders and noti ) specifying a	fication of maintenance fees a new correspondence address	s; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
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021005 7590 05/05/2006  HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133 08/08/2006 HVUUNG2 00000055 10647665				I hereby certify that to States Postal Service addressed to the Matransmitted to the US	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Sandra A. Jammal (Depositor's name)		
1 FC:1504 300.00 OP P FC:1501 1400.00 OP P FC:8001 45.00 GP				August 1,	2006 Harry	(Signature)	
APPLICATION NO.	FILING DATE	. FIRST NAMED INVE		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/647,665	08/25/2003	Stephen Randall Holme		Holmes-Farley	1932.1041-020	2141	
TITLE OF INVENTION: PO	OLY(DIALLYLAMINE)-BA	ISSUE FILE ACIE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	08/07/2006	
		ART UN		CLASS-SUBCLASS	1	••••	
WEBMAN, EDWARD J		1616		424-078180	J		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			(1) the nar or agents (2) the nar registered 2 registered listed, no n				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Genzyme Corporation Waltham, MA							
Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the pa	atent): 🗖 Individual 🖾 (	Corporation or other private gr	oup entity Government	
4b. Payment of Fee(s):    Sissue Fee   A check in the amount of the fee(s) is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attache							
a. Applicant claims St	(from status indicated above MALL ENTITY status. See 3	37 CFR 1.27.		ant is no longer claiming SMA			
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Authorized Signature Susanth : atelleesn				Date <u></u>	Date August 1, 2006  Registration No. 42,252		
Typed or printed name Susan M. Abelleira Registration No. 42,252							

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